

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001586

**Entity Name:** FACE\_OF\_HOPE FOUNDATION INC.

**Current Principal Place of Business:**

4270 VICENZA DRIVE  
SUITE A  
VENICE, FL 34293

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC3662896303**

**Current Mailing Address:**

4270 VICENZA DRIVE  
SUITE A  
VENICE, FL 34293 US

**FEI Number: 27-1916249**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GORE, EVELYN  
4270 VICENZA DRIVE  
SUITE A  
VENICE, FL 34293 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GORE, EVELYN  
Address 4270 VICENZA DIRVE  
SUITE A  
City-State-Zip: VENICE FL 34293

Title VP  
Name MORGULIS, MIKHAIL DR  
Address 12362 HERNANADO RD  
City-State-Zip: NORTH PORT FL 34287

Title DC  
Name MCCLELAND, LYNETTE E  
Address 4730 HERON DR  
City-State-Zip: VENICE FL 34293

Title DT  
Name GORE, EVELYN  
Address 4270 VICENZA DRIVE SUITE A  
City-State-Zip: VENICE FL 34293

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EVELYN GORE**

**PRESIDENT**

**02/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date